

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P L 88-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9372</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>TIMMY</u> <u>G</u> <u>PRICE</u> P O Box, Bldg, Room No, if any _____ Street <u>8388 STATE HWY V</u> City <u>GALENA</u> State <u>Missouri</u> ZIP Code + 4 <u>65656</u>	4 Name, file number, and address of labor organization Name <u>LABORERS AFL-CIO LU 676</u> Labor Organization File Number <u>002-064</u> P O Box, Building and Room Number, if any <u>SUITE J</u> Street <u>1700 S CAMPBELL</u> City <u>SPRINGFIELD</u> State <u>Missouri</u> ZIP Code + 4 <u>65807-2000</u>
5 Position in labor organization <u>SECRETARY/TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (Including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On

Date

8/14/05

Telephone Number

417-869-2994

Name of Person Filing TIMMY PRICE	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name LABORERS EMPLOYERS COOPERATION EDUC. TRUST Trade Name, if any _____ P O Box, Bldg, Room No, if any SUITE 100 Street 1101 EAST 87TH STREET City KANSAS CITY State MISSOURI ZIP Code + 4 64131	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> LABORERS EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET-RELATED INTERESTS </div> 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received JUNE 2004 DINNER AT HEALTH & SAFETY MEETING ESTIMATED AT \$50 12 b Amount _____ \$50

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div> 14 b Amount of payment. _____
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing TIMMY PRICE

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name ILLINOIS LABORERS' CONTRACTORS JOINT APP

Trade Name, if any

P O Box, Bldg, Room No, if any

Street RURAL ROUTE 3

City MT. STERLING

State Illinois ZIP Code + 4 62353

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

ILLINOIS LABORERS & CONTRACTORS JOINT APPRENTICESHIP & TRAINING PROGRAM PROVIDES PROGRAMS OF PRE-JOB TRAINING, RETRAINING AND UPGRADING OF PERSONNEL EMPLOYED IN THE CONSTRUCTION INDUSTRY.

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

FEBRUARY 9-12, 2004

LODGING AND MEALS AT LEADERSHIP CONFERENCE

12 b Amount

\$210

August 15, 2005



U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

RE: Form LM-30 Filing for Timmy G. Price, Labor Organization File NO. 002-064

Dear Sir or Madam

Enclosed is my Labor Organization Office and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,


Timmy G. Price